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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/649,865-Conf. #6370
		Filing Date	August 28, 2003
		First Named Inventor	Liat DE-VRIES
		Examiner Name	D. Fidei
		Art Unit	3728
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	2786-0242P
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>200.00</b>

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
36	- 44 =	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 =	1	x 200.00 =			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

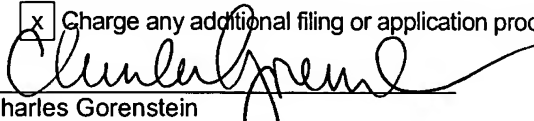
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,271
Name (Print/Type)	Charles Gorenstein	Telephone	(703) 205-8000
		Date	December 2, 2005



MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 2786-0242P	
Application No. 10/649,865-Conf. #6370		Filing Date August 28, 2003		Examiner D. Fidei	
Art Unit 3728					
Applicant(s): Liat DE-VRIES					
Invention: TISSUE CONTAINER WITH AUXILIARY COMPARTMENT					
<b>Customer Window, MS AF</b> U.S. Patent and Trademark Office Randolph Building 401 Dulany Street Alexandria, Virginia 22314					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	36	- 44 =		x	
Independent Claims	4	- 3 =	1	x 200.00	
Multiple Dependent Claims (check if applicable)				<input type="checkbox"/>	
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>200.00</b>	
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 200.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Charles Gorenstein Attorney Reg. No.: 29271				Dated: December 2, 2005	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					



Docket No.: 2786-0242P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Liat DE-VRIES

Application No.: 10/649,865

Confirmation No.: 6370

Filed: August 28, 2003

Art Unit: 3728

For: TISSUE CONTAINER WITH AUXILIARY  
COMPARTMENT

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Examiner: D. Fidei

**REPLY UNDER 37 C.F.R. § 1.116**

Customer Window, MS AF  
U.S. Patent and Trademark Office  
Randolph Building  
401 Dulany Street  
Alexandria, Virginia 22314

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated September 2, 2005, finally rejecting claims 31, 33-35, 48, 54-56 and 61, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

12/05/2005 HALI11 00000146 10649865

01 FC:1201 200.00 0P